

California Department of Public Health TRIPLE AIM FELLOWSHIP PROGRAM

Application

DEADLINE: June 29, 2015

Checklist of documents to submit:

C.V.
Narrative responses to questions below
List of three professional references
Physician or nursing license
Certificates of completion for MD/DO, BSN, MSN, and MPH/comparable degree; official transcripts
are acceptable but not required for application purposes
Copy of residency or other post-graduate training certificates
Documentation of board certification, if applicable

Please provide your CV and ensure it includes the following information:

Contact info: Name, mailing address, physical address, preferred phone number and email Medical/Nursing licensure
Certifications
Education
Professional memberships/Honors/Awards
Current/prior training
Experience – work, volunteer, research
Presentations/publications/scholarly activity
Language fluency

Please answer the following questions and submit your responses as an attachment *not to exceed 3 pages* (one inch margins, 11 or 12 point font):

- 1. Briefly describe your experience with clinical practice (as a clinician and/or clinic administrator) and public health.
- 2. Describe any opportunities you have had to bridge public health and health care delivery systems.
- 3. Provide an example in which you took a leadership role in your profession or with your community. Include any opportunities you have had to provide leadership in the areas of public health and policy development.

Where applicable, include in above responses how social determinants of health and/or health equity were a factor in your work.

INSTRUCTIONS FOR APPLICATION SUBMISSION

Please mail this application, official transcripts, and any other supplemental materials to:

Regular U.S. Postal Service

Program Coordinator California Department of Public Health Fellowship to Advance the Triple Aim in California MS-7213 P.O. Box 997377 Sacramento, CA 95899-7377

FedEx, UPS, or other courier

Program Coordinator California Department of Public Health Fellowship to Advance the Triple Aim in California MS-7213 1616 Capitol Avenue, Suite 74.420 Sacramento, CA 95814

If you have any questions, please contact the Program Coordinator at CDPH-PDS@cdph.ca.gov or (916) 552-9920.

NOTICE TO APPLICANTS:

The information requested on this form is required by the State Department of Public Health to determine your eligibility for acceptance into the Fellowship. The information will also be used by the Program and Triple Aim Fellowship Leadership Team to select candidates for inclusion into the training program. Participation in this Fellowship program is voluntary. If you choose to participate, you are required to provide information on these forms. If you do not provide this information, admission into the Fellowship program may be denied.

Any information that you provide may be used by the State Department of Public Health or transferred to the Triple Aim Fellowship Leadership T and institutions formally participating in the training program. Candidates and authorized personnel directly involved in the selection process will be allowed access. If you wish to review these records, contact the Program Coordinator, at the address above. After reviewing your records, you may request in writing that they be corrected or amended to make them accurate, relevant, and complete. Any request for correction or amendment should also be sent to the Program Coordinator.